



St. Catharines Museum & Welland Canals Centre

Volunteer Application Form

Name: _____ Date: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____ e-Mail: _____

Cell Phone: _____ Occupation (if applicable): _____

I agree that the St. Catharines Museum may contact me by email (newsletter, events, etc): Yes No

Do you have a valid Driver's License? Yes No Do you have the use of a car? Yes No

Are you volunteering to fulfill a specific requirement? Yes No

If Yes, please tell us what requirement you are looking to fulfill, and any information that may be relevant:

Co-op Education Placement _____

Secondary School Volunteer Service Hours _____

Other _____

Age (optional): Please check the age range that corresponds to you. Please note that volunteers must be 14 years of age or older. If you are under 18, a parent/guardian must complete the shaded area on the reverse.

- 14-17 18-35 36-50 51-64 65-80

Areas of Interest: Please mark which of the following areas are you interested in volunteering for.

- Education/Programming – includes Docents (volunteer tour guides), Program Assistants, Special Events
• Hours are varied, including weekdays, weekends, evenings, and holidays
• Must be outgoing, comfortable speaking to all age groups, and comfortable standing for extended periods of time
• Police Background may be required

Please check the area(s) you are interested in: Docent Program Assistant Special Events

- Collections – includes Cataloguers, Data Entry, Photography, Research

- Hours are weekdays, between 9 am – 4:30 pm
• Minimum commitment of 3 hours per week for one year

Please check the area(s) you are interested in:

- Cataloguer Photography Data Entry Research Library Archives

Availability: Please mark the days and times you would be available to volunteer.

Mon. _____ Tues. _____ Wed. _____

Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Experience: *Indicate any past volunteer or leadership experience and/or previous community involvement.*

References:

Name _____ Phone _____

Name _____ Phone _____

Other Relevant Information:

Physical Limitations / Allergies / etc.:

Parent/Guardian

If you are under 18 years of age, please have a Parent/Guardian fill out the following:

Parent/Guardian Name: _____

I give _____ permission to volunteer for the St. Catharines Museum.

Parent/Guardian Signature: _____ Date: _____

For more information on our volunteer positions, please visit our listing on the Niagara Volunteer Connection website: <http://niagara.cioc.ca/volunteer/results.asp?NUM=NIA1677>

Applicants may be contacted for an interview. Please note that in-house training is required for all volunteer positions at the St. Catharines Museum.

Volunteer recruitment and training may only be available at certain times of the year, depending on the position and areas of interest. We appreciate your enthusiasm and willingness to volunteer with us, and we look forward to working with you.

Please return completed Application Form to:

by mail: St. Catharines Museum, Volunteer Services, PO Box 3012, 1932 Welland Canals Parkway,
St. Catharines, ON L2R 7C2

by e-mail: museum@stcatharines.ca

by fax: 905-984-6910

All information will be kept confidential and for use by the St. Catharines Museum only.